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CONFIRMATION NO. 3321

SERIAL NUMBER 10/715,084	FILING OR 371(c) DATE 11/17/2003 RULE	CLASS 424	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 16865-00018
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APPLICANTS

Stephen M. Zappala, Andover, MA; ✓

** CONTINUING DATA ***** ✓

This application is a CON of 09/656,050 09/06/2000 PAT 6,648,872 which claims benefit of 60/152,718 09/07/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

ADDRESS

MIRICK O'CONNELL
MIRICK, O'CONNELL, DEMALLIE & LOUGEE, LLP
100 FRONT STREET
WORCESTER, MA06108-1477

TITLE

Circumferential compression device for intracavernosal anesthesia and method for using same

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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